

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Federal Employees Health Service Programs

FROM:

Deputy Director (Support)

EXTENSION

NO.

DATE

12 September 1963

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

Executive Director 7D59 HQ

2105

LBN

Kirk:

2.

DD/S

15/22

KAP

Attached hereto are comments of the Office of Personnel and the Medical Staff on the Bureau of the Budget memorandum which you sent directly to them for comment. If you do not feel you are obligated to reply to the Bureau, I suggest that you not do so since we already have essentially what they proposed and I see no reason to call attention to it unnecessarily.

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LKW

2 Atts:

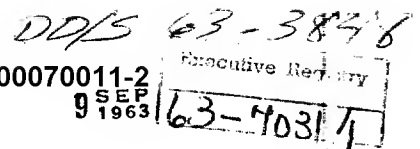
Att 1 - Memo dtd 9 Sep 63 to D/Pers fr C/BSO/OP, same subj

Att 2 - Memo dtd 10 Sep 63 to Ex. Dir. fr C/MS, same subj

UNCLASSIFIED		CONFIDENTIAL		SECRET	
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		DATE	INITIALS	
1	D/Personnel				
2	Att: <input type="text"/>				
3					
4					
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks:					
<p>Attached is a memorandum sent to me by the Bureau of the Budget on "Federal Employees Health Service Programs." A response giving our views on this draft has been requested by 15 September. I don't think that the Agency necessarily has to respond to this, but I would be interested in seeing what our response would be should we decide to make one. Could I have your views at your early convenience?</p> <p style="text-align: right;">LBK</p>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
<p>Executive Director</p>					
UNCLASSIFIED		CONFIDENTIAL		SECRET	

TAB

UNCLASSIFIED		CONFIDENTIAL		SECRET	
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		DATE	INITIALS	
1	Chief, BSD GG-10 Hq.		9/2/63	[Signature]	
2	Director of Personnel 5E56 Hq.		10/2/63	[Signature]	
3	Deputy Director (Support) 7D18 Hq.		9-12-63	[Signature]	
4	Executive Director 7D59 Hq.		2/04/63	S/LBJC	
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks:					
To 4: Per your request.					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
Deputy Chief, BSD GG-10 Hq.				[Signature]	
UNCLASSIFIED		CONFIDENTIAL		SECRET	



MEMORANDUM FOR : Director of Personnel

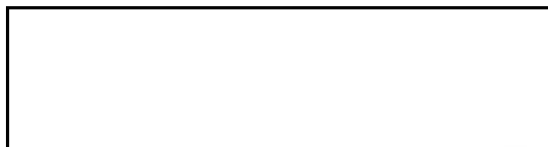
SUBJECT : Federal Employees Health Services Programs

REFERENCE : Bureau of the Budget Memorandum, Same Subject,  
dated 19 August 1963; transmitted by Executive  
Director with Request for Comment

1. We understand the Chief, Medical Staff is also commenting on the Bureau of the Budget memorandum since it deals almost entirely with the rendering of medical services and the development of preventive medical programs. The Chief, Medical Staff is already equipped and has already developed a capability for providing many of the services encompassed by the referenced memorandum. We note also that the impact of an expanded health services program will be even greater on those agencies which have not already developed a medical facility of the size and capability of our Medical Staff.

2. From BSD's point of view, the question arises as to the motivating reason for including in the proposed health services program the services specified in paragraph 4c. This would put Federal agencies in the position of administering various types of treatments and medicines, e. g., shots for various conditions, that a private physician may prescribe. These kinds of expenses are the type that are eligible for payment under the major medical provisions of the Agency Association hospitalization plan as well as other plans. In effect, one might argue that the Federal Government is already paying in part for the services of administering treatments that are normally administered by private physicians by contributing to the cost of hospitalization plans under the Federal Employees Health Benefits Act.

3. With respect to the development of preventive programs, discussed in paragraph 4e of reference, we feel that this is one of more important proposals since it might add to employee awareness of health hazards and means by which to avoid particular situations and personal habits that might tend to impair health. With an effective preventive medicine program and a consequent improved awareness by employees of means by which to maintain personal health, the advantage to the Federal Government through the continued availability of healthy employees who might be able to live and serve longer is inestimable.



Chief, Benefits and Services Division

STAT

EXECUTIVE OFFICE OF THE PRESIDENT

BUREAU OF THE BUDGET

Washington, D. C., 20503


August 19, 1963

MEMORANDUM

TO MEMBERS OF THE EXECUTIVE OFFICERS GROUP

Subject: Federal Employees Health Service Programs

1. There are under consideration in the Bureau of the Budget staff proposals to expand the Federal Employees Health Service Programs to reach as many employees as reasonable with an occupational health program suited to today's Federal operating program needs.
2. The attached draft for a Bureau of the Budget circular has been prepared by Bureau staff in consultation with Civil Service Commission staff.
3. Departments and agencies are requested to provide their views on this draft circular and to furnish the information indicated on the attached form, based on the conditions stated in the draft circular.
4. Since agencies would be encouraged by the draft circular to provide health services on a joint basis wherever more effective health services can be so provided, the information furnished on the form should reflect, as far as possible, such joint action.
5. Return of the completed form, together with views on the draft circular, is requested by September 15, 1963, or as soon thereafter as is practicable. On the basis of agency comments and cost estimates, determinations will be reached regarding the desirability and feasibility of issuing this revision in policies.



William D. Carey  
Executive Assistant Director

Attachments

EXECUTIVE OFFICE OF THE PRESIDENT  
BUREAU OF THE BUDGET

D R A F T

Washington, D. C., 20503

D R A F T

CIRCULAR NO. A-

TO THE HEADS OF EXECUTIVE DEPARTMENTS AND ESTABLISHMENTS

SUBJECT: Federal Employees Health Service Programs

1. Purpose. Heads of departments and agencies are authorized by Public Law 658, 79th Congress, as amended, to provide health service programs in order to promote and maintain the physical and mental fitness of employees under their respective jurisdictions. Such health service programs have been subject to the "Policy Statement Covering the Establishment and Operation of Federal Employees Health Programs" approved by the President on January 9, 1950.

Federal employees who sustain personal injuries or disease while in the performance of duty are provided medical and other services under regulations of the Secretary of Labor; and departments and agencies undertake programs to eliminate work hazards and health risks-- under Public Law 267, 64th Congress, as amended, the Federal Employees' Compensation Act.

This circular replaces the 1950 Policy Statement; its purpose is to define the conditions and limitations which are to guide the heads of executive branch departments and agencies in providing programs of health services under Public Law 79-658, and in relating such programs to programs for providing medical services and eliminating health hazards and risks under Public Law 64-267.

(No. A- )

2. Policy. Maintenance of health and fitness of Federal employees for efficient performance of their work is an essential element in effective administration of Federal programs. The head of each department and agency is therefore directed to establish an occupational health program

a. to provide employee health services of the scope specified in this circular for all employees of his department or agency who work in groups of the specified minimum number, and

b. to assist in appraising health hazards and risks in the work of the department or agency. Such occupational health programs shall be provided at the lowest reasonable cost and shall be staffed with qualified professional personnel.

3. Establishment of Programs. With this objective each department and agency head, after consulting with the Public Health Service as to medical standards and methods for health services and with the Department of Labor as to standards and methods for providing medical services in performance-of-duty injuries and for eliminating health hazards and risks as authorized under the Federal Employees' Compensation Act, shall establish an occupational health program, to be operated as he shall determine by:

a. Utilizing existing department or agency professional staff and facilities, where adequate, or

(No. A- )



b. Contracting with another Federal department or agency where that department or agency has adequate professional staff and facilities available, or

c. Establishing the department or agency's own health service staff and facilities where adequate Federal staff and facilities do not exist.

4. Scope of Health Services. Federal employees health services shall be provided for all employees without discrimination, and shall be uniformly composed of and limited to the following occupational health services, the extent of the services, professional staff and equipment provided at each work location to be determined by head of the department or agency according to the working conditions and number of employees at the work location:

a. Treatment of on-the-job injury or illness requiring emergency diagnosis and first treatment as customarily administered by a licensed physician or by a registered nurse under orders of a licensed physician, whether or not such injury was sustained by the employee while in the performance of duty or such illness was caused by his employment;

b. Pre-employment examinations required of persons selected for appointment and such necessary examinations as the agency may require of designated employees to evaluate health status in relation to work assignment, within the capability of professional staff using only such small diagnostic instruments as an otoscope, ophthalmoscope, hemoglobinometer, sphygmomanometer, an instrument used in the evaluation of visual function, and others of comparable cost and complexity. Equipment

of such cost and complexity as an EKG and diagnostic X-ray equipment may be included in those large installations, particularly of an industrial nature, only where a cost analysis shows that the frequency of need makes maintaining such equipment in the health service unit more economical than securing services from community facilities, and such equipment be obtained wherever possible from available Government excess property. The basis for requiring such examinations and maintaining such equipment shall be recorded.

c. Administration of treatments and medications furnished by the employee and prescribed by his private physician or, in performance-of-duty injury or illness cases, by a physician providing medical care pursuant to the Federal Employees' Compensation Act.

d. Referral of employees to private physicians and dentists and to community health resources.

e. Preventive programs of (i) work environment health hazard appraisals to aid departmental management in eliminating health risks, and health education to encourage employees in maintaining personal health, within the capability of the professional staff and (ii) health screening examinations and immunizations, provided that the employee shall pay the costs of the materials and medications and the costs of any personal services in addition to those regularly available in the agency health service unit. The equipment for health screening examinations shall be limited to that which is comparable to the small diagnostic instruments used in physical examinations.

(No. A- )

5. Minimum Number of Employees for Health Services. Three hundred employees in a single building or in a group of adjoining buildings will constitute the minimum number required to warrant the establishment of a health service unit, except where the department or agency determines that special conditions involving health hazards warrant a lower minimum. Joint action by two or more cooperating departments having employees in the same work location will be undertaken wherever more effective health services can be provided in achieving the objective of this program.
6. Medical Records. Individual medical records established by agency health service units and professional evaluations will be maintained in confidence in the health unit. Interpretive reports will be made to authorized officers of the department or agency by the medical officer in charge. When authorized by the employee, medical reports will be made available to a physician designated by the employee.
7. Cost Limitation. The cost of the employee health services provided pursuant to this circular shall not exceed \$13.00 per annum per full-time employee, or equivalent, working at locations where employee health services are provided.
8. Coordination and Evaluation. The Civil Service Commission will assist in the development of health service facilities where present coverage falls short of the objective, particularly where joint agency action is desirable.

(No. A- )

As authorized under Public Law 79-658, the Public Health Service will advise departments and agencies, upon request, concerning their health service programs by providing agencies with medical standards to guide the provision of health services as herein authorized, and by evaluating agency health service programs in relation to such standards. As authorized under Public Law 64-267, as amended, the Department of Labor will advise departments and agencies concerning the provision of medical services in performance-of-duty cases and the appraisal of work environment health hazards and risks.

The Civil Service Commission, after consultation with the Public Health Service and the Department of Labor, will report annually to the President an evaluation of departmental occupational health programs, with such recommendations as are deemed appropriate.

KERMIT GORDON  
Director

(No. A- )

Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070011-2  
FEDERAL EMPLOYEE HEALTH SERVICE PROGRAM REPORT

	I	II	III
	300 to 1,000 employees	1,000 to 2,000 employees	Over 2,000 employees
1. <u>Total Work Locations</u>			
a. No. of locations			
b. No. of employees			
c. Estimated total expenditures, FY 1964			
2. <u>Work Locations with     Existing Health     Services</u>			
a. No. of locations			
b. No. of employees			
c. No. of health service employees			
d. Total expenditures FY 1963			
e. Average expenditure per employee ( $\frac{2d}{2b}$ )			
f. Average No. employees per health service employee ( $\frac{2b}{2c}$ )			
3. <u>Locations without     Health Services</u>			
a. No. of locations			
b. No. of employees			

- NOTES: (1) Work locations --  
single building or groups of adjoining buildings where  
Federal programs are conducted by direct-hire Federal  
employees.
- (2) Employees --  
full-time plus full-time equivalents, as of June 30, 1963.
- (3) Existing Services --  
any existing services serving less than 300 employees  
should be included in Column I.
- (4) Estimated Expenditures, FY 1964 --  
assume program effective July 1, 1963.

TAB

63-7031

10 September 1963

MEMORANDUM FOR: Executive Director

THRU : Deputy Director (Support) *w 11 Sep '63*

SUBJECT : Federal Employees Health Programs

REFERENCES : (a) Draft Circular, Subject as Above  
(b) Policy Statement Approved by the President on 9 January 1950

1. The proposed Draft Circular differs from the 1950 Policy Statement in several respects:

a. The Civil Service Commission is identified as the agency in Government responsible for the evaluation of departmental occupational health programs and for recommendations to the President on an annual basis. No such authority currently exists; the United States Public Health Service has advisory responsibilities in regard federal health programs and the Bureau of the Budget decides as to the essentiality of such advice when annual appropriation requests are reviewed.

b. It is the intent of the new policy to utilize the provisions of Public Law 658, the Federal Employee Health Services Program Act, as basically promulgated in the 1950 Policy Statement but to add to it the provisions and implications of Public Law 267, the Federal Employees Compensation Act. The melding of these two authorities provides for a more comprehensive program with a greater emphasis on preventive medicine.

c. The proposed new policy directs the establishment of occupational health programs throughout Government while current authorities permit the establishment of health programs in certain areas and under certain circumstances.

d. The concept of the extent and scope of treatment under the proposed new policy is broader than concepts currently authorized. Specifically, the emergency treatment of injury and illness unrelated to employment, but occurring on the job, is authorized. Previously, the term "on the job" illness was not so defined and was subject to more conservative interpretation.

There are several other minor changes in the proposed circular which do not relate to policy but are concerned with budgetary costs and standards for equipment.

SUBJECT: Federal Employees Health Programs

2. The Agency Medical Program has been based in part on Public Law 658. This portion of the program has been patterned after a suggested plan for a preventive medical program in the Federal Employees Health Service as promulgated by the United States Public Health Service. Consultation with the Public Health Service was obtained in 1948, prior to the establishment of that portion of the program, and again in 1950, after the program had been established. The reaction of the Public Health Service was most favorable in regard Agency efforts.

In addition, as the program became established, liaison was effected with the Bureau of Employees Compensation. It was around 1950 that the Agency medical facility was approved by the Bureau of Employees Compensation as a duly recognized representative for the treatment and prevention of compensable injuries and illnesses. This relationship continues to exist and has provided experience in the melding of the provisions of Public Law 658 and Public Law 267.

3. The promulgation of the proposed circular will not affect that portion of the Agency Medical Program relating to it which is already in existence. Our comments to the Bureau of the Budget, therefore, might be somewhat limited. A suggested reply, if one is to be made, is attached.

  
JOHN R. TIETJEN, M.D.  
Chief, Medical Staff

25X1

Attachments: (3)

1. Suggested Reply
2. Draft Circular
3. Policy Statement of 1950

cc: DD/S



DD/S 43 - 3:24/9

113-7031

10 September 1968

MEMORANDUM FOR: Executive Director

THRU : Deputy Director (Support)

SUBJECT : Federal Employees Health Programs

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JOHN R. TIEFJEN, M.D.  
Chief, Medical Staff

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Attachments: (3)

1. Suggested Reply
2. Draft Circular
3. Policy Statement of 1950

cc: DD/S

255-1011-23

Attachment 1

Draft Reply to the Bureau of the Budget

The Central Intelligence Agency has a Medical Program in existence which utilizes in part the provisions of Public Law 658 and Public Law 267. Based on our experience, the provisions of the proposed circular can certainly be recommended to other agencies desirous of establishing Federal Employee Health Service Programs.

In considering the details of the proposed circular more specifically, it is suggested that some provision be included for initial outlay of monies to defray costs of program establishment, in addition to the per capita rate already identified. It is also suggested that provision be made for consultative professional services for those employee health services responsible for the evaluation of applicants and personnel in sensitive Government agencies or components.

The opportunity to review and comment on the proposed circular is appreciated.

Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070011-2

EXECUTIVE OFFICE OF THE PRESIDENT  
BUREAU OF THE BUDGET  
Washington, D. C., 20503

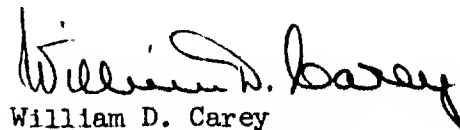
August 19, 1963

MEMORANDUM

TO MEMBERS OF THE EXECUTIVE OFFICERS GROUP

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5. Return of the completed form, together with views on the draft circular, is requested by September 15, 1963, or as soon thereafter as is practicable. On the basis of agency comments and cost estimates, determinations will be reached regarding the desirability and feasibility of issuing this revision in policies.



William D. Carey  
Executive Assistant Director

Attachments

EXECUTIVE OFFICE OF THE PRESIDENT  
BUREAU OF THE BUDGET  
Washington, D. C., 20503

D R A F T

D R A F T

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(No. A- )

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a. to provide employee health services of the scope specified in this circular for all employees of his department or agency who work in groups of the specified minimum number, and

b. to assist in appraising health hazards and risks in the work of the department or agency. Such occupational health programs shall be provided at the lowest reasonable cost and shall be staffed with qualified professional personnel.

3. Establishment of Programs. With this objective each department and agency head, after consulting with the Public Health Service as to medical standards and methods for health services and with the Department of Labor as to standards and methods for providing medical services in performance-of-duty injuries and for eliminating health hazards and risks as authorized under the Federal Employees' Compensation Act, shall establish an occupational health program, to be operated as he shall determine by:

a. Utilizing existing department or agency professional staff and facilities, where adequate, or

(No. A- )

b. Contracting with another Federal department or agency where that department or agency has adequate professional staff and facilities available, or

c. Establishing the department or agency's own health service staff and facilities where adequate Federal staff and facilities do not exist.

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a. Treatment of on-the-job injury or illness requiring emergency diagnosis and first treatment as customarily administered by a licensed physician or by a registered nurse under orders of a licensed physician, whether or not such injury was sustained by the employee while in the performance of duty or such illness was caused by his employment;

b. Pre-employment examinations required of persons selected for appointment and such necessary examinations as the agency may require of designated employees to evaluate health status in relation to work assignment, within the capability of professional staff using only such small diagnostic instruments as an otoscope, ophthalmoscope, hemoglobinometer, sphygmomanometer, an instrument used in the evaluation of visual function, and others of comparable cost and complexity. Equipment

of such cost and complexity as an EKG and diagnostic X-ray equipment may be included in those large installations, particularly of an industrial nature, only where a cost analysis shows that the frequency of need makes maintaining such equipment in the health service unit more economical than securing services from community facilities, and such equipment be obtained wherever possible from available Government excess property. The basis for requiring such examinations and maintaining such equipment shall be recorded.

c. Administration of treatments and medications furnished by the employee and prescribed by his private physician or, in performance-of-duty injury or illness cases, by a physician providing medical care pursuant to the Federal Employees' Compensation Act.

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e. Preventive programs of (i) work environment health hazard appraisals to aid departmental management in eliminating health risks, and health education to encourage employees in maintaining personal health, within the capability of the professional staff and (ii) health screening examinations and immunizations, provided that the employee shall pay the costs of the materials and medications and the costs of any personal services in addition to those regularly available in the agency health service unit. The equipment for health screening examinations shall be limited to that which is comparable to the small diagnostic instruments used in physical examinations.



5. Minimum Number of Employees for Health Services. Three hundred employees in a single building or in a group of adjoining buildings will constitute the minimum number required to warrant the establishment of a health service unit, except where the department or agency determines that special conditions involving health hazards warrant a lower minimum. Joint action by two or more cooperating departments having employees in the same work location will be undertaken wherever more effective health services can be provided in achieving the objective of this program.
6. Medical Records. Individual medical records established by agency health service units and professional evaluations will be maintained in confidence in the health unit. Interpretive reports will be made to authorized officers of the department or agency by the medical officer in charge. When authorized by the employee, medical reports will be made available to a physician designated by the employee.
7. Cost Limitation. The cost of the employee health services provided pursuant to this circular shall not exceed \$13.00 per annum per full-time employee, or equivalent, working at locations where employee health services are provided.
8. Coordination and Evaluation. The Civil Service Commission will assist in the development of health service facilities where present coverage falls short of the objective, particularly where joint agency action is desirable.

(No. A- )

As authorized under Public Law 79-658, the Public Health Service will advise departments and agencies, upon request, concerning their health service programs by providing agencies with medical standards to guide the provision of health services as herein authorized, and by evaluating agency health service programs in relation to such standards. As authorized under Public Law 64-267, as amended, the Department of Labor will advise departments and agencies concerning the provision of medical services in performance-of-duty cases and the appraisal of work environment health hazards and risks.

The Civil Service Commission, after consultation with the Public Health Service and the Department of Labor, will report annually to the President an evaluation of departmental occupational health programs, with such recommendations as are deemed appropriate.

KERMIT GORDON  
Director

(No. A- )

Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070011-2  
FEDERAL EMPLOYEE HEALTH SERVICE PROGRAM REPORT

	I	II	III
	300 to 1,000 employees	1,000 to 2,000 employees	Over 2,000 employees
1. <u>Total Work Locations</u>			
a. No. of locations			
b. No. of employees			
c. Estimated total expenditures, FY 1964			
2. <u>Work Locations with     Existing Health     Services</u>			
a. No. of locations			
b. No. of employees			
c. No. of health service employees			
d. Total expenditures FY 1963			
e. Average expenditure per employee ( $\frac{2d}{2b}$ )			
f. Average No. employees per health service employee ( $\frac{2b}{2c}$ )			
3. <u>Locations without     Health Services</u>			
a. No. of locations			
b. No. of employees			

- NOTES: (1) Work locations --  
single building or groups of adjoining buildings where  
Federal programs are conducted by direct-hire Federal  
employees.
- (2) Employees --  
full-time plus full-time equivalents, as of June 30, 1963.
- (3) Existing Services --  
any existing services serving less than 300 employees  
should be included in Column I.

(4) Estimated Expenditures, FY 1964 --

**POLICY STATEMENT**  
**COVERING**  
**THE ESTABLISHMENT AND OPERATION**  
**OF**  
**FEDERAL EMPLOYEE HEALTH PROGRAMS**

Approved by the President  
January 9, 1950

It will be the policy of the Administration at this time to provide health services in health rooms staffed with personnel qualified in public health work to as large a number of Federal Employees as is reasonable and feasible to undertake in (1) Metropolitan Washington, (2) those cities outside Washington which have large concentrations of Federal employees, (3) at industrial type installations or similar activities presenting abnormal health and accident risks to employees, and (4) at other locations where an agency employs a large number of personnel in a single building or an adjoining group of buildings.

As a policy, in the interest of lower cost and uniform services to employees, agencies are encouraged to:

- a) Consult with Public Health Service on their requirements for Employee Health Programs.
- b) Contract with the Public Health Service in communities where the Service has adequate and accessible out-patient facilities.
- c) Where Public Health Service facilities are not available, arrange with other Government agencies having medical departments to provide services.
- d) Operate their own facilities where other federal medical facilities are not available.

The following basic rules and principles will control the scope of the health services to be provided in keeping with the above policies:

- a) Three hundred employees in a single building or an adjoining group of buildings will constitute the minimum number required to warrant the establishment of a health service.
- b) The maximum permissible cost of a health service will be \$3,000\* per year per employee to be served, unless special industrial conditions or other abnormal health or accident risks exist which warrant an additional allowance. In the case of small agencies, due allowance will be made for meeting the cost of a minimum health service.

\* \$12.00 (Executive Office of the President, Bureau of the Budget, "Instructions for the Preparation and Submission of Annual Budget Estimates," Circular No. A-11, August 2, 1957, Section 82). Beginning with Budget estimates for fiscal year 1958.

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c) The services furnished shall consist of:

- (1) Treatments of on-the-job illnesses which usually are administered by a physician or nurse without the need for extensive diagnostic and therapeutic clinical equipment such as X-ray, dental, physical therapy, basal metabolism and electrograph equipment.
- (2) Pre-employment and fitness-for-duty examinations including urinalysis, blood test and x-ray in instances where the program provides for the services of a physician and the necessary adjunct diagnostic facilities are available in the agency health room or through other federal out-patient offices in the community.
- (3) Referral of employees to private physicians and dentists or existing community resources such as social agencies, including health counseling services to the extent that they can be furnished by the regularly employed physicians and nurses normally engaged in conducting the health service.
- (4) Administration of treatments or medications for illnesses or conditions for which an employee is under the care of a private physician and which such physician requests, or consents to, in the interest of keeping the employee on the job, provided that the equipment necessary for such treatments is ordinarily available, or the medications required are furnished by the employee.

- d) Whenever health services are proposed by an agency, or group of agencies, for cities outside of the District of Columbia, the proposal shall be for a geographic location within such city which contains at least the minimum number of employees in a single building or an adjoining group of buildings. At this time, no proposal should contemplate the establishment of a consolidated health service on a city-wide basis intended to serve all Federal agencies and all Federal employees in such city.
- e) Provision of central diagnostic services for the benefit of a number of Federal agencies in the same community will not be considered at this stage in the development of the Health Service Program.
- f) After the type of health service outlined above has been extended as uniformly as possible to those installations which warrant such service, consideration will be given to the necessity and justification for the provision of any additional health services consistent with existing budgetary limitations.
- g) The health service at the Denver Federal Center will be continued as an experimental project for the purpose of evaluating the elements of this type of service.

- h) The Public Health Service will develop methods and standards for the guidance of Federal agencies and provide advisory services to them upon request.